

E-Mail:

OFFICE OF SECRETARY OF STATE CORPORATIONS DIVISION

315 West Tower, #2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530 (404) 656-2817

Registered agent, officer, entity status information via the Internet http://www.georgiacorporations.org

TRANSMITTAL INFORMATION GEORGIA LIMITED LIABILITY COMPANY

<u>IMPORTANT</u>

Remember to include your e-mail address when completing this transmittal form.

Providing your e-mail address allows us to notify you via e-mail when we receive your filing and when we take action on your filing. Please enter your e-mail address on the line below. Thank you.

| | NOTICE TO APPLICANT: PRINT PLAINLY | OR TYPE REMAINDER OF T | HIS FORM | |
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| | | | | |
| LLC Name Reservation Numb | per (if one has been obtained; if articles are be | eing filed without prior reser | vation, leave this line bla | ank) |
| LLC Name (List exactly as it a | appears in articles) | | | |
| | | | | |
| Name of person filing articles | (certificate will be mailed to this person, at ad | dress below) | Telephone Number | |
| Address | | | | |
| City | State | Zip Code | | |
| | | | | |
| Principal Office Mailing Addre | ess of LLC (Unlike registered office address, t | his may be a post office box | () | |
| City | State | Zip Code | | |
| | | | | |
| | | | | |
| Registered Office Street Addr | ess of LLC in Georgia (Post office box or ma | | gistered office address) | |
| Registered Office Street Addr | ess of LLC in Georgia (Post office box or ma | il drop not acceptable for reg GA State | gistered office address) | Zip Code |
| | County | GA State | gistered office address) | Zip Code |
| City | County | GA State | gistered office address) State | Zip Code Zip Code |
| City Name and Address of each or | County rganizer (Attach additional sheets if necess | GA State ary) | | |
| City Name and Address of each of Organizer Organizer Mail or deliver the following ite 1) This transmittal form 2) Original and one cop | County rganizer (Attach additional sheets if necess Address Address ems to the Secretary of State, at the above ac | GA State ary) City City ddress: | State | Zip Code |
| City Name and Address of each or Organizer Organizer Mail or deliver the following ite 1) This transmittal form 2) Original and one cop 3) Filing fee of \$100.00 | County rganizer (Attach additional sheets if necess Address Address ems to the Secretary of State, at the above act of the Articles of Organization | GA State ary) City City ddress: | State | Zip Code |